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NOTE ON THE IMPLEMENTATION OF THE UNFPA SPECIAL PROGRAMME OF ASSISTANCE TO MYANMAR

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I. INTRODUCTION

1. In its decision 2001/17, the UNDP/UNFPA Executive Board approved a special programme of assistance to Myanmar in the amount of $12 million from regular resources and $4 million from other resources, and requested the Executive Director to report annually on its implementation to the Executive Board at its annual session. The special programme is designed to respond to the urgent reproductive health needs of the poorest and most vulnerable segments of the population of Myanmar. It aims to prevent HIV/AIDS and other sexually transmitted infections (STIs) and to reduce high levels of maternal mortality by providing support for reproductive health information, services and commodities. The programme also supports the collection and analysis of data to better understand the reproductive health and HIV/AIDS situation in Myanmar and to provide the basis for monitoring and evaluating programme results.

2. The special programme of assistance shifted the focus from a birth spacing approach to an integrated reproductive health approach. The programme plans to gradually increase its coverage from 72 townships to 100 townships by the end of 2005, so that it reaches the most vulnerable groups of the population in rural and remote areas. The UNFPA programme is coordinated with the programmes of UNDP and the United Nations Children's Fund (UNICEF) to avoid overlap.

3. In 2002, the UNFPA country office formulated eight projects in the amount of $11,706,000, addressing such issues as behaviour change, analysis of the 2001 fertility and reproductive health survey, prevention of HIV/AIDS, adolescent reproductive health and strengthening reproductive health services. This was done in collaboration with the UNFPA Country Technical Services Team (CST) in Bangkok, Thailand, and international non-governmental organizations (NGOs).

II. PROGRESS TOWARDS IMPLEMENTING THE PROGRAMME

4. The first resident UNFPA chief of operations, now formally designated as UNFPA Representative, assumed his duties in Myanmar in June 2002. Subsequently, four national project staff were recruited and assigned to technical and managerial responsibilities for component projects. In August 2002, UNFPA, in collaboration with all partner agencies, organized a workshop on results-based management that reviewed the logical framework matrix and its indicators and developed detailed monitoring plans for component projects. Despite the late approval of the component projects, most of the planned activities were implemented. The activities may be grouped into the following categories: (a) enhancing knowledge of reproductive health service providers; (b) ensuring reproductive health commodity security; (c) strengthening behaviour change communication; and (d) data collection and analysis.

Enhancing knowledge of reproductive health service providers

5. To ensure the provision of integrated reproductive health services at the grass-roots level, the programme revised existing reproductive health training manuals to include elements of safe

motherhood, quality of care and adolescent reproductive health. In addition, the programme reproduced copies of a reproductive health manual for general medical practitioners working in the private sector and made available information booklets to those dispensing drugs and medicines. The Myanmar Medical Association used these materials for training and distribution to the field.

6. The programme conducted orientation workshops in all townships on the programme goal, outputs and indicators, followed by a series of training-of-trainers courses in reproductive health for lead trainers and those training basic health staff. Training for basic health staff and voluntary health workers at the community level will be carried out in 2003. A training-of-trainers course for private general medical practitioners was also completed. The programme will conduct training for general medical practitioners at the township level in 2003.

7. The programme established special adolescent reproductive health "corners" in selected rural health centres, where youth receive information, education and counselling services on reproductive health issues. Reading materials, sports and entertainment facilities will be provided to rural health centres to create youth-friendly environments.

Ensuring reproductive health commodity security

8. UNFPA is the only United Nations agency in Myanmar providing reproductive health commodities to township-level hospitals and rural health centres. The country office prepared specifications and procured contraceptives, essential reproductive health drugs, drugs to treat STIs and basic reproductive health equipment for rural health centres. A team from UNFPA headquarters and the CST in Bangkok, along with an independent international consultant, assessed reproductive health commodity and logistics needs by reviewing existing distribution and reporting systems. The team also projected the contraceptive requirements for UNFPA-supported townships and the country as a whole for the period 2003-2005.

Strengthening behaviour change communication

9. In order to obtain the support of local community leaders, the programme initiated behaviour change communication activities with medical practitioners and local leaders in six townships. Basic health staff and community volunteers were then trained in communication methods and behaviour change communication skills. The network of basic health staff and community volunteers has proven to be an effective channel for introducing change and for providing education on reproductive health issues in rural areas. The programme also produced communication tools, such as pictorial flip charts, posters promoting antenatal and post-natal care, and educational materials that included songs conveying reproductive health messages and video dramatizations on preventing HIV/AIDS and unwanted pregnancies.

10. Adolescents and youth will be a special focus of the programme. Lessons learned from a pilot project implemented in 2001 indicated that training peer educators and setting up youth-friendly centres were effective strategies for educating adolescents and youth on reproductive

health. In 2003, the programme will establish 11 youth centres and train a number of peer educators.

Data collection and analysis

11. The programme collected baseline data on reproductive health knowledge, attitudes and practices in a sample survey of 36 townships and undertook a needs assessment survey of health facilities in UNFPA-supported townships. The data collection phase of both surveys was completed in December 2002, followed by data processing and analysis in the first quarter of 2003. The baseline data enabled the country office to monitor the progress of programme interventions and measure their impact.

12. The country office also organized a data dissemination workshop in December 2002, which presented the preliminary report of the 2001 fertility and reproductive health survey covering over 40,000 households. Participants at the workshop included partner United Nations agencies and organizations, international NGOs and others. The final report of the survey will be disseminated in 2003. In collaboration with the Population Council, UNFPA will also undertake an in-depth analysis of selected population and reproductive health topics, including gender and ageing.

III. MONITORING PROGRAMME IMPLEMENTATION

13. The country office undertook an average of four monitoring missions per month to UNFPA-supported townships and villages to ensure that: (a) work plan activities were carried out on schedule; (b) programme beneficiaries participated and benefited directly from programme interventions; and (c) progress was made towards achieving planned results. To systematically record and analyse the data collected during monitoring visits, the office developed monitoring questionnaires based on logical framework indicators.

IV. UNFPA PARTNERS

14. The country office implements the special programme of assistance to Myanmar in collaboration with United Nations agencies as well as with international and national NGOs. The World Health Organization (WHO) executes the UNFPA-supported project in reproductive health and trains service providers, revises training manuals, develops service delivery protocols and undertakes monitoring to ensure the availability of appropriate reproductive health services in rural health centres. The International Planned Parenthood Federation, Marie Stopes International, Population Services International and the Japanese Organization for International Cooperation in Family Planning (JOICFP) execute and implement the behaviour change communication and adolescent reproductive health projects. Three national NGOs – the Myanmar Medical Association, the Myanmar Maternal and Child Welfare Association and the local affiliate of Marie Stopes International – will implement programme activities in rural and remote areas.

15. The country office participates actively in United Nations country team activities, especially the ongoing review of the humanitarian situation and the development of a joint programme on HIV/AIDS for 2003-2005. The UNFPA Representative currently chairs the United Nations theme group on HIV/AIDS.

V. BUDGET AND EXPENDITURE

16. The 2002 expenditure ceiling for the special programme of assistance to Myanmar was $1.53 million from regular resources. By the end of 2002, the country office had achieved an implementation rate of nearly 100 per cent. In 2002, the office spent 27 per cent of the annual programme budget to procure reproductive health commodities; 51 per cent to train service providers; 8 per cent for personnel, including travel cost for monitoring visits; 9 per cent for subcontracts; and 5 per cent for miscellaneous costs. Due to adjustments in the exchange rate, the office may be able to increase its range of activities and expand programme coverage to up to 110 townships by the end of 2005.

17. UNFPA also obtained other resources for the special programme of assistance to Myanmar. For example, UNFPA procured contraceptives worth over $900,000 for the programme. In addition, the Packard Foundation made available $280,000 for the behaviour change communication project implemented by JOICFP; the Gates Foundation provided $200,000 for reproductive health commodities and the management information system; and the Government of Japan provided $90,000 to renovate health centres.

VI. THE WAY FORWARD

18. In 2002, the country office was able to complete nearly all preparatory activities for the special programme of assistance. Programme implementation is expected to accelerate in 2003. During this phase, frequent monitoring visits will be carried out to remote areas to assess the extent to which the programme has reached vulnerable population groups. The programme will assess the training of basic health workers at the community level and the quality of reproductive health services, using WHO standards and service protocols. Plans are also under way to conduct a comprehensive study of reproductive health commodities in partnership with WHO and UNICEF.